

Glenda S. Garrett

From: Robert Kyles
Sent: Tuesday, April 08, 2014 8:08 AM
To: Glenda S. Garrett
Subject: FW: Pensacola Roofing.

From: panayota gavallas [<mailto:pgavallas@yahoo.com>]
Sent: Tuesday, April 08, 2014 7:53 AM
To: Robert Kyles
Subject: Re: Pensacola Roofing.

Good morning!

No, not really. I know that Mr. Guy wanted to do everything to correct the situation. He went over there in the rain to observe the roof himself. I am glad it is not leaking. Seeing that rotted wood was a puzzling situation to me.

I feel bad about getting Mr. Mc Cafferty in trouble, but, that indoor wood caused all of this.

Again, thank you for your assistance. If you have any more questions for me just call or email.

Patricia

On Monday, April 7, 2014 4:09 PM, Robert Kyles <RKYLES@co.escambia.fl.us> wrote:
Ms Gavallas,

Were you coerced or threatened to rescind your complaint?

From: panayota gavallas [<mailto:pgavallas@yahoo.com>]
Sent: Monday, April 07, 2014 11:01 AM
To: Robert Kyles; bobguypensacolaroofing@yahoo.com
Subject: Pensacola Roofing.

To inspector Robert;
I hereby resend my complaint against Pensacola Roofing, Bobby Guy, for underside damage at 1201 West Government St.. Pensacola. Cause of damage was determined to be the fault of someone else.
Thank you for all of your cooperation.
Sincerely, Patricia Gavallas

Florida has a very broad public records law. Under Florida law, both the content of emails and email addresses are public records. If you do not want the content of your email or your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in person.



BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Contractor Competency Board • Board of Electrical Examiners

Building Inspections Department
3363 West Park Place, Pensacola, FL 32505
(850) 595-3693 - Telephone
(850) 595-3401 - Facsimile
www.myescambia.com

Via Regular Mail and
Certified Return Receipt Requested
#7006 0810 0001 6607 0741

April 16, 2014

Robert Guy
dba Pensacola Roofing
8115 Mobile Highway
Pensacola, FL 32526

Contractor: Robert Guy dba Pensacola Roofing
Complainant: Patricia Gavalla

Dear Mr. Guy:

In accordance with Escambia County Ordinance 2003-37, Section 18-158, and Florida Statutes 489, this correspondence serves as official notification the Escambia County Contractor Competency Board received a Complaint against your State Certified Contractor License No.: CCC1327027 concerning work performed at the address indicated below. A copy of Complaint No.: COM140400006 received by this office is attached.

Additionally, this will confirm that Investigator R. Kyles has previously provided you with a copy of the Complaint and further investigation indicates the issue was not related to the work performed at this location by your company. Mr. Kyles' investigation found no violations against Pensacola Roofing and, subsequently, another individual (unlicensed) was issued a Notice of Violation.

Based upon the foregoing, the Complainant has submitted a written request to rescind her Complaint against you and Pensacola Roofing. This matter will appear on the May 7, 2014, Contractor Competency Board meeting agenda for discussion. If the Board should desire any further action other than dismissal, you will be notified in writing. You do not have to attend this meeting as there will be no action taken against your license without proper notice to you.

Should you have any questions, please do not hesitate to contact the undersigned at (850) 595-3693 or gsgarrett@myescambia.com.

Sincerely,


Sue Garrett
Secretary to the
Escambia County Contractor Competency Board

/sgg

Enclosure.


cc: Robert Kyles, BID Investigator

7006 0810 0001 6607 0741

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 6.90	 Notice of Completion
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.90	

Sent To: Robert Guy - Pensacola Roofing
 Street, Apt. No., or PO Box No.: 8115 Mobile Highway
 City, State, ZIP+4: Pensacola, FL 32526

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Robert Guy
 dba Pensacola Roofing
 8115 Mobile Highway
 Pensacola, FL 32526

2. Article Number
 (Transfer from service label) 7006 0810 0001 6607 0741

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
Division of Regulation/Compliance
Consumer Services
1940 North Monroe Street
Tallahassee, FL 32399 – 0782**

**NOTE – This form must be submitted as
part of an entire packet.**

*If you have any questions or need assistance in completing this application, please contact the
Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.*

WORK-SITE STREET ADDRESS			
Street Address <i>1201 West Government Street</i>			
City <i>Pensacola Fl.</i>	State <i>Fl.</i>	Zip (+4 optional) <i>32502</i>	County <i>Escambia</i>

CONTRACTOR COMPLAINT QUESTIONS	
I am complaining in my capacity as a:	
<input type="checkbox"/> Homeowner <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier	<input type="checkbox"/> Building Department Contractor <input checked="" type="checkbox"/> Owner of Commercial Structure <input type="checkbox"/> Other:
Select the category that best summarizes the work the contractor did for you or that you were involved in:	
<input type="checkbox"/> Built house <input type="checkbox"/> Remodeled house <input type="checkbox"/> Air-conditioning or heating work at house <input checked="" type="checkbox"/> Re-roofed or repaired part of the roof of a house <input type="checkbox"/> Built residential pool <input type="checkbox"/> Plumbing work	<input type="checkbox"/> Built addition to house <input type="checkbox"/> Built commercial structure <input type="checkbox"/> Remodeled or built addition to commercial structure <input type="checkbox"/> Commercial roof work <input type="checkbox"/> Electrical work <input type="checkbox"/> Other:
Please select the categories below that best describe your basic complaint:	
<input checked="" type="checkbox"/> Poor workmanship by contractor <input type="checkbox"/> Job finished, but contractor will not correct problems <input type="checkbox"/> Roof leaks; contractor will not repair <input type="checkbox"/> Contractor failed to pay subcontractors/suppliers <input type="checkbox"/> Contractor taking unreasonably long time to do the job <input type="checkbox"/> Contractor abandoned job <input type="checkbox"/> Financial dishonesty/misconduct by contractor	

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

Any investigation or administrative proceeding brought by the Department against the subject of your complaint will rely upon the information you provide to the Department. All allegations and supporting documentation **MUST** be provided to the Department at this time.

COMPLAINANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Gavallas	Patricia	M.	Owner	
Your Company/Occupation				
Property Manager				
MAILING ADDRESS				
Street Address or P.O. Box				
1800 East Moreau Street				
City		State	Zip Code (+4 optional)	
Pensacola		Fl.	32503	
County (if Florida address)		Country		
Escambia		U.S.A.		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		
850-433-3945		850-501-9779		
Primary E-Mail Address				
dgavallas@yahoo.com				
Unlicensed Activity Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
If this is hurricane related, please specify which one:				***If NONE please check here: <input checked="" type="checkbox"/>
Charley	Frances	Ivan	Jeanne	Dennis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Katrina
				Wilma
				Other
How did you get this complaint form? (check one):				
Toll Free Line <input type="checkbox"/> 850.487.1395 <input type="checkbox"/> Punta Gorda Bldg Dept <input type="checkbox"/> Wilma Task Force <input type="checkbox"/> Other <input checked="" type="checkbox"/>				
COMPLAINT DESCRIPTION				
<p>Pensacola Roofing Company proposed roof repair on June 24, 2013, for 1201 West Government Street, Pensacola Fl. 32502. Guaranteed work for 1 year. They were paid \$2,500.00. I also paid a handyman \$150.00 extra to replace rotted underside. In Dec. of 2013, it looked worse than ever and water had gone into underside.</p>				

Attach additional sheets as necessary.

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND
 PROFESSIONAL REGULATION
 NOTE -- This form must be submitted as part of an
 application packet

APPLICANT INFORMATION			
Last Name	First	Middle	Title
Savallas	Patricia	M.	Owner
			Suffix

EXPLANATION
<p>Does not appear to other contractors that the job was done well. Would like to know if deck was replaced and if the job was done right.</p> <p>They were suppose to take before and after photos. I have never seen them.</p>

FINANCIAL QUESTIONS	
1. Was your contract in writing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. What was your contract price? \$2,500.00	
3. What was the contract execution date? 6-24-2013	
4. What was the work begin date? 6/24/13 What was the work end date? 6/24/13	
5. What was the total amount paid to the contractor? 2,500.00	
6. Have you had to pay subcontractors or suppliers directly? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
7. If you have paid subcontractors or suppliers directly, how much and why?	
8. Are there now unpaid bills owed to subcontractors or suppliers which contractor should have paid? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9. What is the total of such unpaid bills?	
10. Have you filed civil suit against a contractor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Have you obtained a judgment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Have any liens been filed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
12. Did contractor sign any statements to the effect that all bills have been paid? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
13. Have you fired the contractor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
14. Has the job now been completed by you or a new contractor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
15. What is the actual or estimated cost to finish the job if you hire another contractor?	

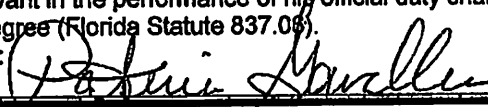
BUILDING CODE COMPLIANCE BY CONTRACTOR	
16. Was a permit required for the work that was to be completed by the contractor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
17. If required, was a building permit obtained from the building department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what is the name of the building department? _____	
Permit Number	Date Issued
18. Who pulled the permit? none pulled	
19. Was the permit obtained on time? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
20. Were any inspections missed or performed late? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. Did the site pass final inspection by the building department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
22. If the site did not pass final inspection by the building department, explain why. was not inspected	
23. Was a Certificate of Occupancy issued? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

SUBJECT OF COMPLAINT				
Last Name	First	Middle	Title	Suffix
License Number (if known)				
Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

PRIVATE ATTORNEY FOR SUBJECT OF COMPLAINT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				

WORKMANSHIP QUESTIONS	
24. Has the contractor offered to make repairs? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
25. Has the contractor made attempts to make repairs? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how many times?	
26. Have you had any other licensed contractor, architect or engineer inspect the work? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

ATTESTATION STATEMENT REQUIRES SIGNATURE OF APPLICANT	
I affirm that I have provided the above information completely and truthfully to the best of my knowledge. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree (Florida Statute 837.06).	
Sign Here: 	Date: <i>April 9, 2014</i>

Primary Phone Number	Alternate Phone Number
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WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Sign Here: _____ Date: _____

Send your completed complaint and documentation to:
 Department of Business and Professional Regulation
 Division of Regulation/Compliance – Consumer Services
 1940 North Monroe Street
 Tallahassee, FL 32399 – 0782



Robert Guy / DBA
Pensacola Roofing
8115 Mobile Highway
Pensacola, Florida 32526
Ph 850.438.8985 • Fx 850.944.6745

Proposal

Date: 6/22/13
Submitted to: Patricia Cavalla
Phone: 501-9779, 433-3945
Street: 1201 W Government
City, State, Zip: Pens, Fla June

Do ~~not~~ 24th
We hereby propose the following specifications and estimates:

We will Remove Dips in Roof
on south back edge & West
edges, Replace damaged decking
& install Single Ply roof to match

Take Before & After Pictures
pd for June
OK 4848

We propose to furnish material and labor completely in accordance with above specifications, for the sum of \$ 2,500.00

Payment to be made as follows: Half Down \$1250

[Signature]
Signature of Contractor

[Signature]
Signature of Customer

R² CONSTRUCTION
 7912 TWIN LAKE DR.
 MILTON, FL 32583

JOB WORK ORDER

DATE OF ORDER 7/31/13

CUSTOMER'S ORDER NO.	PHONE	MECHANIC	HELPER	STARTING DATE / /
BILL TO PATRICIA GAVALLAS				ORDER TAKEN BY
ADDRESS LOCATION: DAYCARE				<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA
CITY				
JOB NAME AND LOCATION				
				JOB PHONE

DESCRIPTION OF WORK

Remove & REPLACE APPROXIMATELY 30' OF
 Soffet, 3' OF FACIA, & 3' OF INFRASTRUCTURE.
 Includes MAT'L & LABOR: \$ 650.00

NOTHING FOLLOWS

paid in full
 8/8/13
 [Signature]

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL AMOUNT	5

DATE COMPLETED: / / WORK ORDER # BY

I hereby acknowledge the satisfactory completion of the above described work.

No one home Total amount due for above work; or Total billing to be mailed when job finished.

Signature _____